



Bismarck Parks and Recreation Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Bismarck Parks and Recreation to initiate automatic deposits to my account at the financial institution named below. I also authorize Bismarck Parks and Recreation to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold Bismarck Parks and Recreation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I also agree to receive my direct deposit notification via the email address provided below.

This agreement will remain in effect until Bismarck Parks and Recreation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to the Accounting Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Account Holder's Name: _____

Email Address (required): _____

Balance of Net or Amount \$ _____

Note: Direct deposit notices will be emailed to you as a password protected document. Please use the last four digits of your social security number as your password.

Signature

Employee Signature: _____ Date: _____

Attachment

Please **attach** a voided check or direct deposit enrollment/information form provided by your financial institution and return this form to the Accounting Office.